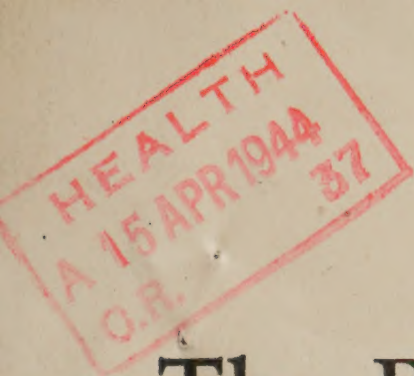
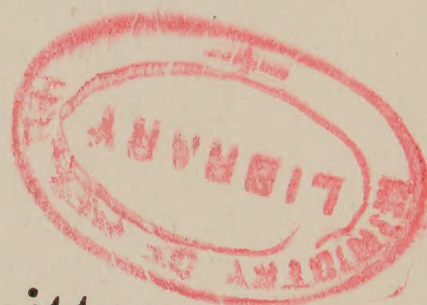
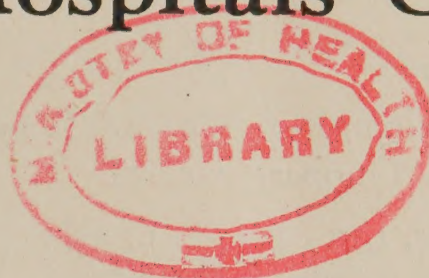




The Berks, Bucks and Oxon Regional Hospitals Council



Report of the Sub-Committee on the Ear, Nose and Throat Services in the Region

*Submitted to the Medical Advisory Committee on
25th November, 1943, and by that Committee to the
Berks, Bucks and Oxon Regional Hospitals Council
on 3rd December, 1943.*

COMPOSITION OF THE SUB-COMMITTEE.

The Sub-Committee was appointed by the Medical Advisory Committee on 3rd September, 1942.

The members were

G. H. LIVINGSTONE, Esq., M.B., B.S. (Lond.), F.R.C.S. (Eng.),
Radcliffe Infirmary, Oxford.

R. G. MACBETH, Esq., M.A., B.M., B.CH. (Oxon), F.R.C.S. (Edin.),
Radcliffe Infirmary, Oxford.

A. C. MACONIE, Esq., M.B., B.S. (Lond.), F.R.C.S. (Eng.),
King Edward VII Hospital, Windsor.

N. PATTERSON, Esq., M.B., CH.B. (Edin.), F.R.C.S. (Eng.),
Royal Buckinghamshire Hospital, Aylesbury.

L. POWELL, Esq., M.B., B.CH. (Cantab.),
Royal Berkshire Hospital, Reading.

Mr. R. G. Macbeth was Convener of the Sub-Committee, and the Secretary of the Sub-Committee was Mr. G. Watts, F.H.A., (Secretary, the Berks, Bucks and Oxon Regional Hospitals Council).

The Sub-Committee's terms of reference were

“To make a Survey of the Ear, Nose and Throat Services in the region, and to report thereon to the Medical Advisory Committee”.

MEDICAL ADVISORY COMMITTEE.

Chairman: Professor G. E. GASK, C.M.G., D.S.O., F.R.C.S. (Eng.).

Vice-Chairman: G. C. WILLIAMS, Esq., O.B.E., M.A., M.R.C.S., L.R.C.P. (Lond.),
D.P.H.

Hon. Secretary: A. H. T. ROBB-SMITH, Esq., M.A. (Oxon), M.D. (Lond.).



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Report of the Sub-Committee appointed by the Medical Advisory Committee of the Berks, Bucks and Oxon Regional Hospitals Council to survey and report upon the Ear, Nose and Throat Services in the Region

The Sub-Committee has completed its survey, and now presents the following report, on which all members are unanimously agreed.

PART I

SUMMARY OF EXISTING SERVICES.

(Throughout this report O = Oxford Division, R = Reading Division, and B = Bucks and East Berks Division.)

	O <i>Radcliffe Infirmary</i>	R <i>Royal Berks Hospital, Reading</i>	B <i>King Edward VII Hospital Windsor</i>	B <i>Royal Bucks Hospital, Aylesbury</i>
1. Key Hospitals.				
<i>(a) Hospital Medical Staffs:</i>				
Honorary Surgeons ..	2	2	2	1
Clinical Assistants or Registrars (part-time)	1	3	—	1
House Surgeons ..	1	$\frac{1}{2}$	$\frac{1}{2}$	$\frac{1}{2}$
<i>(b) Out-Patients (1938).</i>				
No. of Clinics per week	5	1	1*	1
" " New Out-Patients	1,889	991	1,901	250
" " Attendances ..	5,651	3,213	6,069	380
<i>Out-Patients (1942).</i>				
No. of New Out-Patients	3,596	1,615	2,066	462
Total attendances ..	13,191	3,041	9,187	774
(*Old and urgent cases seen daily at Windsor.)				
<i>Accommodation.</i>				
Separate accommodation	Yes	No	Consulting Room, yes. Waiting Room, no.	No
Accommodation shared with other departments	No	Yes	Yes	Yes
<i>(c) In-Patients (1938).</i>				
<i>No. of beds for E.N.T. Cases.</i>				
General Wards or Special Dept.	32	18	Beds not specifically allocated for E.N.T. cases.	
General Wards T's & A's	See (d)	12		
Private Wards ..	Beds not specifically allocated for E.N.T. cases.	—	10	4
Proportion of E.N.T. Beds occupied ..	78%	—	—	Average 12 daily

	O <i>Radcliffe Infirmary</i>	R <i>Royal Berks Hospital, Reading</i>	B <i>King Edward VII Hospital Windsor</i>	B <i>Royal Bucks Hospital, Aylesbury</i>
<i>No. of E.N.T. Cases ad- mitted.</i>				
General Wards	530	583 and 477 T's & A's	832	229
Private Wards	No record	23	56	—
Average length of stay ..	8.01 days	Not recorded	Not recorded	3 days Ch. T's & A's. 7 days Adult T's & A's. 10 days others
<i>E.N.T. In-patient operations</i>				
Separate Theatre ..	Yes	Yes	No	No
Theatre shared with other departments	No	No	Yes	Yes
No. of operations (1938)	888	673	No record	191
<i>Waiting List, December 31st 1942.</i>	(1,613 in 1942)			
Males	24	12	24	44
Females	45	20	47	76
Children	209	—	307	101*

* Excluding School Children on Local Authority List.

<i>(d) Public Authority work.</i>				
Consultative Clinics (per week)	1 City of Oxford E.A.	—	—	—
Children seen at ordinary E.N.T. Clinics ..	Yes	Yes	Yes	Yes
No. of Operative Clinics per week)	*	2	—	2—(3 Child. at each)
Hospital Accommodation	See Section (c)			
Length of stay (Children, T's & A's)	2 nights	1 night before 2 after	2 nights if possible	Average 3 nights

(* Radcliffe Infirmary sets aside a Surgical Ward for two periods of 6 weeks each in the summer.)

<i>Operations performed by:</i>				
E.N.T. Surgeons ..	Yes	Yes	Yes	Yes
General Surgeons ..	—	—	—	Yes
Registrars, etc. ..	—	Yes	—	—
<i>Remuneration:</i>				
Surgeon, per case ..	{ Rates vary between Authorities }		£1	£1/11/6
Anaesthetist, per case ..			10/- Balance	10/6 7/6 to 5/6

	O <i>Banbury</i>	R <i>Newbury</i>	B <i>Maiden- head</i>	B <i>High Wycombe</i>	B <i>Chalfonts & Gerrards Cross</i>
2. Intermediate Hospitals.					
Consulting Surgeons ..	—	1	—	—	1 Windsor 2 London
Visiting Surgeons	1 Oxford	1 Reading	2 Windsor	—	—
O.P. Clinics	1 monthly	—	1 weekly	—	—
New O.P.s 1938	29	—	607	—	—
O.P. Attendances 1938 ..	29	—	Not known	—	—
I.P.s 1938	14	171	Not known	—	103
I.P. Operations	13	171	Not known	—	163
Waiting List 1942	6	28	69	—	0
T's and A's operated upon by:					
Specialist	Yes	—	Yes	—	Yes
General Practitioner ..	Yes	—	Yes	—	Yes

In all cases the Out-Patient Department and the In-Patient Operating Theatre are shared with other Departments

3. Other Hospitals.

(a) *E.N.T. Specialists visit and operate upon in-patients at*

(O) Buckingham.

(R) Henley.

(B) Ascot, Iver and Windlesham.

(b) *Removal of T's and A's.*

By Specialists:

(O) Buckingham.

(R) Henley and Yateley.

(B) Iver and Windlesham.

By General Practitioners:

(O) Abingdon, Chipping Norton,
Thame, Wantage and Wat-
lington.

(R) Wallingford and Frimley.

(B) Ascot, Chesham and Marlow.

In all cases the accommodation is shared with other Departments.

4. School Clinics (Summary of Reports from Local Authorities).

(S) = Specialist: (GP) = General Practitioner.

Hospital with which arrangements are made:					No. of Cases.	
					1938	1942
<i>Berks County Council.</i>						
Oxford, Radcliffe Infirmary	..	..	S	}	200	532
Reading, Royal Berkshire	..	..	S			
Windsor King Edward VII	..	..	S			
Swindon and North Wilts	..	..	S			
Savernake, Marlborough	..	..	S			
Newbury District	..	..	S			
Abingdon, Warren	..	..	GP			
Wallingford	..	..	GP			
Wantage	..	..	GP			
<i>Bucks County Council.</i>						
Amersham E.M.S.	..	..	S	—	203	
Aylesbury, Royal Bucks	..	..	S	79	106	
Buckingham Cottage	..	..	S	—	53	
Chalfonts and Gerrards Cross	..	..	GP	121	57	
Henley War Memorial (Hospital says S)	..	..	GP	1	2	
High Wycombe (SCHOOL CLINIC)	..	..	GP	34	68	
Iver, Denham and Langley	..	..	S	—	59	
Marlow Cottage	..	..	GP	9	16	
Northampton General	..	..	S	118	111	
Oxford, Radcliffe Infirmary	..	..	S	43	9	
Aylesbury, Tindal House E.M.S.	..	..	S	—	86	
Windsor, King Edward VII	..	..	S	204	354	
				609	1,124	
<i>Oxfordshire County Council.</i>						
Oxford, Radcliffe Infirmary	..	..	S	93	244	
Reading, Royal Berkshire	..	..	S	31	27	
Banbury, Horton General	..	..	S	5	38	
Bicester Cottage	..	..	GP	14	—	
Thame Cottage	..	..	GP	30	19	
Watlington Cottage	..	..	GP	16	39	
Burford Cottage	..	..	GP	16	15	
Henley War Memorial (Hospital says S)	..	..	GP	16	24	
Chipping Norton	..	..	GP	7	14	
Wallingford	..	..	GP	6	—	
				234	420	
<i>Oxford City.</i>						
Radcliffe Infirmary	..	..	S	391*	378	
(* 254 new cases: remainder were from 1937 waiting list.)						
<i>Banbury Borough.</i>						
Horton General Hospital, Banbury	...		GP	5 operations	36 operations	

5. E.N.T. Specialists in Active Practice or Visiting (V).

(a) KEY HOSPITALS:

Oxford: Mr. R. G. Macbeth, F.R.C.S., Mr. E. W. Peet, F.R.C.S. (Services).
Mr. G. H. Livingstone, F.R.C.S. (temporary).

Reading: Mr. L. Powell, M.B., B.CH. (Cantab.), Mr. R. Hunt Williams
F.R.C.S. (Edin.), (Services).

Windsor: Mr. A. C. Maconie, F.R.C.S., Mr. O. A. Baker, M.B., B.S. (Lond.)

Aylesbury: Mr. N. Patterson, F.R.C.S., Mr. S. W. G. Hargrove, M.B.,
B.CH., D.L.O.

(b) INTERMEDIATE HOSPITALS:

Banbury: Mr. R. G. Macbeth, F.R.C.S. (Oxford, V).

Newbury: Mr. L. Powell, M.B., B.CH. (Cantab.), (Reading, V).

Maidenhead: Mr. A. C. Maconie, F.R.C.S. (Windsor, V), Mr. D. F.
Simpson, F.R.C.S. (London, V).

High Wycombe: None.

Chalfonts and Gervards Cross: Mr. A. C. Maconie, F.R.C.S. (Windsor, V),
Mr. McLeod Yearsley, F.R.C.S. (London, V), Mr. D. F. A. Neilson
F.R.C.S. (London, V).

(c) COTTAGE HOSPITALS:

Buckingham: Mr. R. G. Macbeth, F.R.C.S. (Oxford, V), Mr. Scott
Brown, F.R.C.S. (London, V).

Henley: Mr. L. Powell, M.B., B.CH. (Cantab.), (Reading, V).

Iver, Denham and Langley: Mr. A. C. Maconie, F.R.C.S. (Windsor, V).

Ascot: Mr. A. C. Maconie, F.R.C.S. (Windsor, V).

Windlesham and Valley End: Mr. A. C. Maconie, F.R.C.S. (Windsor, V).

6. Equipment.

(a) KEY HOSPITALS: All the Key Hospitals have a full range of normal equipment, but see para. 7 below for special equipment.

(b) INTERMEDIATE HOSPITALS:

Banbury. Few instruments available for nose work and mastoids.
Guillotining instruments but no Oesophagoscopes or Bronchoscopes.
Visiting Specialist brings his own instruments.

Newbury. Full equipment for Tonsils and Adenoids: partly equipped
for E.N.T. work.

Maidenhead. Full range for diagnosis and treatment of out-patients
and for Tonsils and Adenoids and Mastoid operations. Surgeons
bring their own instruments as required.

High Wycombe. None.

Chalfonts. Not stated.

(c) COTTAGE HOSPITALS:

Equipment for Tonsils and Adenoids. Buckingham, Burford, Watlington,
Frimley, Henley, Ascot, Chesham, Egham, Marlow.

At all other hospitals where Tonsils and Adenoids operations are performed
it is understood that practitioners bring their own instruments.

7. Access to Special Apparatus:

X-ray:	All Key Hospitals and Intermediate Hospitals.
Physio-Therapy:	All Key Hospitals: also Banbury and Maidenhead.
Audiometer:	Oxford and Aylesbury.
Endoscopic Apparatus:	All Key Hospitals (Reading minimum only: Windsor reported that Chevalier Jackson Endoscopic outfit should be replaced by modern Negus set of instruments).
Other (e.g., Diathermy, etc.)	All Key Hospitals.

8. (a) Consultation with other Departments, and (b) Research:

(a) All key hospitals have adequate facilities for consultation with other departments such as Pathology, Neurology, Ophthalmology, etc., and Oxford, Reading and Windsor have own hospital laboratories but no laboratory attached to the department.

In general all intermediate and other hospitals send cases for consultation and other services to their respective key hospitals, except High Wycombe (to Oxford or London), Chalfonts (to Windsor and London) and Swindon (own facilities).

(b) There are no facilities for research within the departments of any of the hospitals.

9. Liaison of E.N.T. Surgeons with Sanatoria, etc.

	O <i>Radcliffe Infirmary</i>	R <i>Royal Berks Hospital, Reading</i>	B <i>King Edward Hospital VII, Windsor</i>	B <i>Royal Bucks Hospital, Aylesbury</i>
(a) Sanatoria:	Osler Pavilion. Sunnyside.	Peppard	Margate Sea-bathing Hospital.	Special visits as required.
(b) Mental Hospitals:	Littlemore. Warneford.	Park Prewett.	Royal Holloway.	No.
(c) Fever Hospitals:	Oxford City & Abingdon Isolation Hospitals.	Park Hospital, Reading, (mastoids).	Cippenham & Staines U.D.C. Hospitals.	Borough of Aylesbury Isolation Hospital.

In each case attendance is by request, of the M.O.H., the Medical Officer in charge, or the Authorities of the Institutions.

Rates of Payment: Oxford, B.M.A. rates; Reading, not fixed; Windsor, "for work done"; Aylesbury, not stated.

10. Facilities for Education of Deaf.

Oxford sends children to special schools at Margate and Derby; Reading to schools unspecified. Both arrange lip-reading through the Almoner. Windsor and Aylesbury report "no facilities".

11. Fitting of Appliances and Hearing-Aid Clinics.

Facilities at Oxford and Reading for fitting of appliances. No Hearing-Aid Clinics.

Speech Therapy Clinics at Oxford (Speech Therapist on Honorary Staff) and Windsor (Speech Therapist attached).

12. Qualified Almoners.

Available at Oxford, Reading, Windsor, Aylesbury, Banbury and Swindon.

13. Medical Teaching.

Both undergraduate and post-graduate at Radcliffe Infirmary. Some undergraduate and post-graduate teaching at Windsor since war.

14. New Facilities, etc., since 1938.

Aylesbury. More regular admission of in-patients: better instruments and equipment: clinical assistant appointed.

PART II

RECOMMENDATIONS.

(*Note.*—In conformity with usual practice those engaged solely in the work of the specialty are referred to in this Report as Specialists.)

1. Organisation of Services.

It is recommended that all ear, nose and throat work of the region including that for which the public authorities are responsible, should be carried out by or under the direct supervision of specialists. In this connection the Sub-Committee views with concern some of the bad results which follow the removal of tonsils and adenoids in the small hospitals by practitioners who are not qualified to perform these operations.

2. Hospitals.

(i) *Key Hospitals:* A full range of in-patient and out-patient services should be available at all the key hospitals in the region, which should be so staffed and equipped as to be able to treat to a conclusion every type of case arising in the specialty. The Sub-Committee is of the opinion that there should be interchangeability of departmental staffs for consultative purposes, and of patients where special circumstances render this desirable.

(ii) *Intermediate Hospitals:* Only routine work should be permitted in the intermediate hospitals at the present time, e.g., the simpler type of operation where serious complications are not expected; cases of a serious nature requiring frequent supervision should be sent to the key hospitals.

Eventually, when personnel again becomes available, junior specialists attached to key hospital teams should be detailed to each of these intermediate hospitals on a salaried basis. The duties of these junior specialists should include attendance at out-patient sessions at least once a week and the work of the local public authorities, and as time goes on they should be able to undertake all but the more highly specialised operative work at their hospitals. Their work should be carried out under the general supervision of the senior specialists of the key hospital to which they are attached, who should visit the intermediate hospitals from time to time.

(iii) *Cottage Hospitals:* Ideally no operations should be performed in cottage hospitals unless there is a Resident Medical Officer and trained Nursing Staff available. These hospitals would be suitable for post-operative dressings and treatment.

(iv) *Medical Personnel:* There are at present within the region 8 Ear, Nose and Throat Specialists, of whom 2 are serving in the Forces and 1 is appointed on a temporary basis. In addition there are 4 Clinical Assistants or Registrars on the staffs of key hospitals who are also engaged in other forms of practice; and 4 House Surgeons, 3 of whom share the work of the Ear, Nose and Throat Department with that of other special departments. There are also certain specialists whose primary attachment is to hospitals outside the region but who are attached as visiting consultants to certain hospitals within the region. The Sub-Committee is agreed that this allocation of specialist staff

is inadequate for a region which has a population of approximately 1,000,000, and that in general it will be necessary to increase considerably the number of specialists both in being and in training.

3. Relationship with Public Authorities.

The Sub-Committee wishes to draw attention to the wide variation in the rates of remuneration by surgeons for work done on behalf of Public Authorities, and considers that there should be a standard rate of such work applicable throughout the region, which should be paid to the otolaryngological service of the key hospitals and not to individual surgeons.

4. Relationship with Special Hospitals and Institutions.

It is felt that the irregular visitation of special hospitals and institutions (e.g., sanatoria, orthopaedic hospitals and hospitals for infectious diseases) leads to a state of affairs where patients who would have benefitted from special treatment may be overlooked. In the opinion of the Sub-Committee all such hospitals and institutions should be visited at regular intervals by specialists attached to the key hospital teams.

5. Anaesthetics.

It is recognised that the skilful performance of operations of this specialty requires a high degree of skill in the administration of anaesthetics, and it is accordingly recommended that at all hospitals where operating is done the services of an anaesthetic specialist should be available. In this connection it will be necessary to envisage adequate remuneration of such specialists and an increase in their numbers throughout the region.

6. Research and Teaching.

(a) *Clinical research* should be possible in all key hospitals, and should be stimulated by the creation of special salaried whole or part-time appointments, to permit of time being devoted to this purpose.

(b) *Academic research* is possible only in a university centre. There should be established in the region an otolaryngological research centre which should be a university department and should be under the charge of a whole-time salaried director.

(c) All key hospitals should endeavour to carry out some post-graduate teaching of general practitioners.

(d) Undergraduate and post-graduate courses of teaching are best carried out in a university school.

7. Care of the Deaf.

(a) *School Provision*: Whilst the Sub-Committee takes a keen interest in the welfare of deaf children in the region, the evidence which has been submitted to it does not appear to support the view that special educational provision is required. It is considered that the existing arrangements whereby such children are referred to special schools in other parts of the country are satisfactory. At the present time there are 72 deaf children in the region, and it is felt that it would be impossible to provide for such a number, facilities which would be as good as those available in the established schools elsewhere.

(b) *Social Provision*: The Sub-Committee is conscious of the valuable work which is being done in the region by the Oxford Diocesan Association for the Deaf and Dumb, especially through its Chaplain, the Rev. H. M. Ainger and expresses the hope that the work of that Association may be encouraged and extended.

(c) *Lip-Reading and Hearing-Aids*: The services of an instructor in lip-reading should be available at all key hospitals, and clinics for the provision of hearing-aids should also be established at those hospitals.

8. Speech Therapy and Breathing Exercises.

The Sub-Committee recommends that the services of speech-therapists should be available to all key hospitals.

It is also felt desirable that more care should be devoted to the teaching of breathing exercises to children (especially those who have recently been operated upon for the removal of tonsils and adenoids) than has hitherto been the case. This might be carried out through the agency of the physical treatment departments of the key hospitals, or through the nursing and health services of the public authorities.

PART III

ADDITIONAL NEEDS.

The recommendations contained in paragraphs (1) and (2 iii) of Part II of this Report necessarily involve the transfer of children to the key or intermediate hospitals for the removal of tonsils and adenoids, and therefore makes necessary an increase in the number of beds. The number of such additional beds will emerge from a consideration of the number of tonsils and adenoids operations hitherto performed at the cottage hospitals.

The Sub-Committee are informed that the *additional* requirements of the key hospitals are as follows:—

	O <i>Radcliffe Infirmary</i>	R <i>Royal Berks Hospital, Reading</i>	B <i>King Edward VII Hospital Windsor</i>	B <i>Royal Bucks Hospital, Aylesbury</i>
Medical Staff:				
Honorary Assistant Surgeon	—	—	—	I
Registrar	I	—	—	—
Junior House Surgeon ..	/I	—	—	—
Out-Patients' Department:				
Hospital Clinics	—	1 per week	—	—
School Clinics	—	—	—	1 per week
Accommodation	—	—	(inadequate at present)	—
In-Patients:				
Beds	12 Adults 12 Children 12 Private	— —	5 Male 5 Female 5 Private 12 T's & A's 10 Children	6 Adults 6 Children

With regard to intermediate hospitals, it should be noted that *High Wycombe* has no facilities at all for the examination and treatment of diseases of the ear, nose and throat.

